State of California Department of Health Services

Office of Long Term Care

Long Term Care Integration

Development Grant

July 1, 2002 through June 30, 2003

Request for Applications

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Development Grant RFA Time Schedule

Release of RFAJanuary 30, 2002
Applicant's Conference and Deadline for Written QuestionsFebruary 13, 2002
Response to Written Questions/ Summary of Applicants' Conference
Application Due to DHSApril 5, 2002
DHS Evaluation of ApplicationsApril 8, 2002 through May 3, 2002
Grant Award AnnouncementMay 7, 2002
Execution of Grant Award Agreements

Request for Application

Background

Introduction

The Department of Health Services (DHS), Office of Long Term Care (OLTC), is soliciting up to four applications for \$150,000 development grants to implement the planning phase of the Long Term Care Integration (LTCI) pilot projects. LTCI pilot projects will integrate, at the local level, the administration and funding of all medical, social and supportive services for disabled adults and seniors who are Medi-Cal eligible. Selected applicants will be awarded one-year development grants to assist them in their project development up to actual implementation of the pilot project.

Planning Verses Development Grants

Planning grants may be awarded to Local Organizing Groups (LOGs) conducting initial feasibility analysis to determine whether pursuing a LTCI pilot project is appropriate for their county. (See the Planning Grant Request for Application (RFA), Technical Proposal Section: Requirements and Evaluation Criteria, Examples of Goals and Objectives, for a more detailed description of activities appropriate for planning grants.)

Development grants will only be awarded to LOGs that have developed consensus at the local level on pursuing the full vision of LTCI which includes providing capitated coverage for the full continuum of medical, social, and supportive care, and have received its Board of Supervisors' (BOS) support for pursuing this undertaking.

History

In 1995, California State Legislation was enacted to authorize and implement the LTCI Pilot Program. The Welfare and Institutions (W&I) Code §14139.05 et seq., directed DHS to select pilot sites to participate in LTCI.

Program Goals

The program's goals include:

- Providing a continuum of medical, social and supportive services that fosters independence and self-reliance, maintains individual dignity, and allows consumers of publicly funded long term care (LTC) services to remain an integral part of their family and community life;
- Encouraging as much consumer self-direction as possible, given individual capacity and interest, and involving consumers and their family members as partners in developing and implementing the pilot project;
- Testing a variety of models intended to serve different geographical areas, with differing populations and services available; and
- Providing a broader mix of coordinated services while remaining cost neutral.

Integration of Long Term Care Services

The legislature defined the pilot sites as single county, multi-county, or sub-county units. Participating sites are required to identify a local entity (either a government or not-for-profit agency) that would administer this program through a formal agreement with the State of California.

History, Continued

Integration of Long Term Care Services (Continued)

By integrating¹ the delivery system for medical, social, and supportive services, consolidating the funding for these services, and adopting a capitated payment system, the pilot program seeks to empower sites to:

- Build a system out of the currently fragmented public services available;
- Overcome the built-in cost shifting incentives in the current payment structures; and
- Provide services in the most appropriate setting and cost effective manner.

LTCI is based on a "grassroots up" approach. Interested sites, rather than state government, are responsible for designing their proposed system of care. The impetus for LTCI has also been focused on improving the current LTC system rather than reducing LTC expenditures, although the pilots are required to be budget

Continued on next page

¹ Some programs use the terms "integration" and "coordination" interchangeably. However, in the LTCI Pilot Program, these terms have distinct meanings.

Elements of "coordination" include:

Coordinated points of entry into the LTC system;

- Standardized information and referral system;
- Standardized assessment tools and processes;
- Care management program available to perform assessments, develop a care plan, monitor services (if necessary) and make adjustments, as care needs change.

In an "integrated" care system, all of the coordination elements listed above are included, but additionally;

- Services are blended into a seamless system from the consumers perspective to promote timely and appropriate service utilization, eliminate redundant efforts, and create administrative efficiencies;
- The financing of services is blended into a single pool of dollars at the local level to promote greater cost-effectiveness and eliminate cost shifting between components of the system;
- The financing is capitated rather than fee-for-service. This approach is meant to encourage all providers in the program to work together to support a common set of objectives, priorities, and guidelines and to conserve limited resources;
- There is a unified administrative system (for enrollment, data collection, payments, etc.); and
- There is an overarching quality assurance system; quality assurance requirements are blended together in a complementary manner.

History, Continued

Integration of Long Term Care Services (Continued)

Neutral. (See Attachment G, "California Long Term Care Integration Pilot Program", and the DHS/OLTC web site at www.dhs.ca.gov/director/oltc/index.htm for additional information.)

The LTCI authorizing legislation contained no funding for the program's implementation given the general fund deficit at that time. One primary and common barrier sites have encountered in advancing their LTCI planning efforts is the lack of start-up capital for the initial planning and design effort. To bolster LTCI implementation efforts, subsequent legislation, Assembly Bill 2780, was introduced and passed (W&I Code § 14145.1 et seq.). This legislation resulted in the appropriation of \$1.15 million dollars, most of which is for LTCI planning and/or development grants to LOGs awarded through a RFA process administered by DHS. In FY 2000-01 the OLTC awarded sixteen planning grants; in FY 2001-02 four planning and two development grants were awarded.

Several sites are hard at work on their proposed LTCI activities. Participating sites are required to develop an overall approach that will lead to full integration of medical, social, and supportive services. They may be phase in the implementation in manageable steps.

DHS will work with each participating site to secure the federal waiver/state plan changes required at each particular implementation step. DHS has formed workgroups to address interdepartmental implementation issues and is providing technical assistance to participating and interested sites.

LTCI Development Grants

Overview

This RFA is specific to development grants, which will be a maximum of one hundred fifty thousand dollars (\$150,000) per award. The development grant program is designed to assist LOGs with activities up to actual implementation of the pilot project.

Grant funds may be used for, but are not limited to:

- Staff support;
- Consulting contracts;
- Community organizing support; and/or
- Data analysis.

Grantees will be required to provide a 20% (\$30,000) match to the grant awarded either in cash or in-kind contributions. This match is supplemental to the grant monies. The anticipated contract performance period will be July 1, 2002 through June 30, 2003.

Eligibility Criteria

Organizations eligible to respond to this RFA must be:

- Private, non-profit LOGs or local governments; or
- An existing or new community-based group established for the purpose of applying and carrying out this grant.

Although this development grant may support an interim phase, applicants for the grant awards must demonstrate a commitment to the essential vision of LTCI, that is a capitated program that provides the full continuum of integrated medical, social, and supportive services to its LTCI eligible population. Evidence of local government support of this vision and the implementation of a local pilot project within a reasonable time frame must be demonstrated as well. Applicants may phase in their full-continuum service delivery system.

Applications

DHS will accept only <u>one</u> development application per county or designated geographical area.

Each applicant is:

- Required to submit a letter of commitment/support from the county BOS with their application; or
- Required to submit a letter of commitment/support form each county BOS with the application if an application is filed jointly covering more than one county.

The BOS must:

- Only support one development application per county or designated geographical area;
- Certify that the county intends to support and participate in the development phase activities supported by the proposed grant;
- Commit to the required 20% match funds if the applicants is a county governmental entity;
- For applicants seeking grants for phased in LTCI, certify that the county intends to move forward with implementing full LTCI (capitated full continuum coverage for medical, social and support care).

Board of Supervisors' Requirements

The letter of commitment/support from the Board of Supervisors (BOS) is to demonstrate that the BOS supports the proposed Scope of Work (SOW) and will commit to the required 20% match (commitment to the 20% match funds is required if a county governmental entity is applying for a grant) if the grant is awarded.

If the letter of support is not submitted in the grant application, the application must include a statement that the LOG is in the process of obtaining the letter of support. Ultimately, the letter of support must be submitted to the Office of Long Term Care (OLTC) by the date of the grant award.

Board Resolution

Once a grant is awarded, county entities are required to secure specific authority from their local governing body (e.g., BOS) authorizing execution of the grant agreement. A copy of a resolution (the resolution is required as part of the formal contracting process) (or other admissible record, e.g., motion, order, etc.) from the local governing body which by law has authority to enter into the proposed contract, authorizing execution of the agreement must be included with the agreement.

A Board Resolution will be accepted as opposed to the letter of support form the BOS if this is obtained by the date of the grant award.

Both the letter of support and the Board Resolution must specifically state the commitment of the BOS to be required 20% match funds for county governmental entities applying and receiving a grant award.

Applicants' Conference

An Applicants' Conference will be held at:

Department of Health Services 1800 Third Street, Room 183 Sacramento, California 95814

February 13, 2002 1:00 p.m. to 3:00 p.m.

RFA Questions

The conference will allow the State to respond to questions that may arise following the applicant's review of this RFA. DHS will make a reasonable effort to provide responses to these questions before the conference's conclusion. A summary of the questions and answers will be sent to all attendees of the conference and all parties that requested the RFA. Questions raised at the conference that cannot be addressed during the discussion will be responded to in the written summary. Oral responses shall not be binding on DHS. Attendance at the Applicant's Conference is not mandatory, but strongly encouraged.

Copies of the RFA *WILL NOT* be available at the conference. Attendees should bring their own copy for reference. The cost of travel to the Applicant's Conference is the responsibility of the applicant and will not be reimbursed by the State of California.

Specific questions regarding this RFA may be submitted in writing and **hand delivered** (e.g., Federal Express, etc.) to:

Application Coordinator
Office of Long Term Care
Department of Health Services
1800 Third Street, Suite 205
Sacramento, CA 95814

Or mailed to:

Application Coordinator
Office of Long Term Care
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320

Questions may also be faxed to the OLTC at (916) 322-8619.

All questions must be received by February 13, 2002 prior to the conference's start time (1:00 p.m.).

RFA Addenda

The DHS reserves the right to amend the RFA. The State will make modifications or provide new information by addenda issued pursuant to this section.

Application Specifications

Applicants for the LTCI development grants must be submitted in accordance with the instructions in this RFA.

- To be deemed responsive, all applicants must adhere to format instructions;
- Applicants are to submit only the information requested;
- Administrative and technical requirements must be addressed and all requested information supplied;
- A technical review of the application will be based only upon the requested information;
- An application may be rejected if conditional, incomplete, or if it contains any alterations of form or other irregularities of sufficient magnitude or quantity to warrant a finding of being substantially non-compliant;
- The OLTC may accept or reject any or all applications and may waive any defect it determines to be immaterial in an application; and
- An OLTC waiver of an immaterial defect shall in no way modify the application requirements or excuse the applicant from full compliance if awarded a grant.

Application Format

The application must be:

- Typewritten;
- Double-spaced using 12-point font or larger, and
- Set up with 1 inch or greater margins on 8-1/2 by 11 inch paper.

An original plus three (3) copies of the application must be submitted.

Contact Person

Each applicant must designate a contact person and a backup contact person that the OLTC can communicate with for the length of the grant application period. **The OLTC will limit its contact to the persons identified until a grant is awarded.** (It is not required that the contact person and the Project Director be the same.)

Submitting an Application

Applications may be hand delivered (e.g., Federal Express, etc.) to:

Application Coordinator
Office of Long Term Care
Department of Health Services
1800 Third Street, Suite 205
Sacramento, CA 95814

Or be **mailed** to:

Application Coordinator
Office of Long Term Care
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320

Regardless of the postmark or method of delivery, all applications for a development grant must be received by the OLTC by 4:00 p.m. Pacific Standard Time, April 5, 2002 to be considered for a grant award.

Application Content

Each submitted application package is required to contain the following information.

Application Cover Sheet

The cover sheet (Attachment A) must include:

- Names, mailing address, e-mail address, telephone and FAX numbers of the contact person and backup contact person. (OLTC will limit its contact to these two people during the grant application period);
- Project Director's² name; (may or may not be included as a contact person);
- Geographic area to be served; and
- Signature, title address and telephone number of person authorized to submit the grant application.

Table of Contents

The application must have a table of contents with page numbers referenced. Application sections must be presented in the same sequence as displayed in this section.

² The Project Director is the person who is authorized to enter into the agreement with the State and has ultimate responsibility for the grant project.

Application Content, Continued

Technical Proposal Section

Each application must include the required information as outlined in the Technical Proposal Section. There are different options for previous planning and development grantees. All options do not apply to all applicants. In specifically designated sections, 2001-02 grantees may opt to refer the evaluator to the matching section of the 2001-02 LTCI application and provide appropriate updates. Applicants who refer back should be certain the prior year and updated information are fully responsive. In responding to Section B, Current Status, applicants may opt to refer the evaluator to the 2000-01 Final Report and the 2001-02 Interim Report and provide appropriate updates. In this instance, both reports and updates will be scored according to the scoring criteria for the Current Status section of this 2002-03 RFA.

2001-02 GRANTEES MUST HAVE SUBMITTED THE 2000-01 FINAL AND 2001-02 INTERIM REPORTS IN ORDER FOR THEIR 2002-03 GRANT APPLICATION TO BE ACCEPTED.

All applications must cover the following sections:

- A. Executive Summary
- B. Current Status
- C. Identification of the LOG
 - Identity of the organization applying for the grant
 - Organization chart
 - Staff composition as it relates to the LOG
 - Relationship with relevant local agencies and advisory committees, and the Board of Supervisors, etc.
 - Proof of Non Profit Status (if applicable)
 - Letter of Commitment/Support form the BOS
 - Job Description and/or Duty Statement³ for the Project Director
 - Job Description and/or Duty Statement for the Project Manager⁴
- D. Problem Statement and Proposed Solutions

Continued on next page

The Project Manager is the person responsible for the day to day activities of the grant application.

³ The personal resumes of the individuals who will be occupying the project director and manager positions are not to be substituted for the job description/duty statement for the positions.

Application Content, Continued

Technical Proposal Section (Continued)

- E. Implementation Plan and Timeline for Phases
 - Work plan and timeline for the LTCI project
 - Description of the steps or phases that will lead to the full continuum, at-risk pilot project as is currently envisioned and how it will move toward achieving full continuum LTCI
 - Explanation of reasoning for each phase
- F. Identification of the Agency (entity to operate the LTCIPP) (Changes between each phase must be fully described)
 - Organizational chart
 - Staff composition of the entity
 - Role as it related to the operation of LTCIPP
 - Relationship with relevant local agencies and advisory committees and the Board of Supervisors
 - Administrative structures and functions as it related to LTCIPP
- G. Definition of a Governance Structure (responsibility for how the LTCIPP will function, i.e., the power of government) (Changes between each phase must be fully described)
 - Staff compositions
 - Role as it relates to the operation of LTCIPP
 - Relationship with relevant local agencies and advisory committees and the Board of Supervisors
 - Administrative structures and functions as it relates to LTCIPP
- H. Consumer and Provider Involvement
- I. Long Term Care System (Changes between each phase must be fully described)
 - Service delivery
 - Consumer access to services
 - Care management
 - Quality assurance and accountability
- J. Scope of Services (Changes between each phase must be fully described)

Application Content, Continued

Technical Proposal Section (Continued)

- K. Description of the Target Population and Geographic Area (Changes between each phase must be fully described)
 - Population to be covered
 - Non Medi-Cal population to be covered
 - Geographic area to be covered
- L. Plan for Integration of Funding (Changes between each phase must be fully described)
 - Funds to be included in the consolidated fund
- M. Overview of Goals and Objectives
- N. Grant Goals and Objectives
- O. Scope of Work
- P. Overview of Expected Achievements (Timeline)

Budget

The application must have a budget. The budget must include the required information as outlined in the Budget Section. This section covers the following:

- Budget Narrative;
- 9-Line Item Budget; and
- Description of Required 20% Match

Overview

Elements C, F, and G require a description of the LOG, the agency that will operate LTCI, and the governance structure. It is expected that some applicants will not have three separate and unique entities for these sections. Applicants should ensure that each section is responded to thoroughly, regardless of duplicative answers.

LTCI may be implemented in logical development phases within a reasonable time frame. The number and duration of the phases must be described in detail. If LTCI is to be phased in, respond fully to each designated element for changes that occur in each proposed phase.

All responses must be consistent with the provisions of the Welfare and Institutions Code §14139.05 et seq.

Applicants should carefully read the headings above each section. There are different options for previous LTCI planning and development grantees. All options do not apply to all applicants.

A. EXECUTIVE SUMMARY

3 Page Maximum

Pass/Fail

Provide a summary description of the proposed project, its phases, and how it will move toward achieving full continuum LTCI. Include an overview of the Local Organizing Group (LOG), the agency that will operate the LTCIPP, the governance structure, and the system that will run the project (e.g., health plan) from an administrative and consumer perspective.

2001-2002 grantees may opt to refer the evaluator to the applicant's 2000-01 Final Report and the 2001-02 Interim Report and provide appropriate updates. Applicants should be certain that the two reports and updates meet all evaluation criteria.

B. CURRENT STATUS – Part 1 5 Page Maximum	30 Points
REQUIREMENTS	EVALUATION CRITERIA
Identify what resources the LOG has already expended and/or committed to the planning and development for LTCI.	The scoring of this requirement will be dependent upon the depth of involvement and commitment to full continuum at-risk LTCI the LOG has achieved to date. The
Include a list of activities or efforts that the applicant has completed or is in the process of completing (e.g., establishing committees,	applicant must document specific and pertinent activities in its efforts thus far.
preliminary studies, reports to the BOS or other entitles, contracts made with health plans, providers, etc.).	The proposal documents specific and pertinent activities that demonstrate efforts and results.
Demonstrate how prior research activities have moved the community towards full continuum	 The proposal demonstrates commitment to full continuum LTCI. The proposal demonstrates
at-risk LTĆI.	that applicant is at a logical stage to begin LTCI
Describe how these activities and resources have furthered the community's commitment to move towards full continuum at-risk LTCI.	development.

CURRENT STATUS – Part 2	Pass/Fail
REQUIREMENTS	EVALUATION CRITERIA
For applicants that were also 2001-02 grantees, the 2000-01 Final Report and the 2001-02 Interim Report MUST have been submitted to the OLTC. The 2002-03 Development Grant application will not be accepted without the above mentioned Final and Interim Reports.	The reports are complete and have been approved.

With the exception of the BOS support letter, 2001-02 grantees may opt to refer the evaluator to the 2001-02 grant application for this section and provide appropriate updates.

C. IDENTIFICATION OF THE LOC	
3 Page Maximum	20 Points
REQUIREMENTS	EVALUATION CRITERIA
Identify the organization (LOG)	The LOG has been clearly
applying for the development grant. Describe:	identified.
o o	The description of the LOG shows
The organizational structure of	members' support for full
the LOG;	continuum at-risk LTCI.
Staff composition as it relates	
to the LOG;	How the LOG relates to and works
 LOG's relationship with the 	with the proposed long term care
proposed local agency to	agency, the proposed governance
operate LTCIPP, the proposed	structure and any advisory
governance structure, and the	committees is clearly
advisory committee;	demonstrated.
The role of the BOS with the	
LOG;	How the LOG relates to local
The LOG's role in managing	agencies and advisory committees
the development effort.	is clearly demonstrated.
Include (does not count toward	The proposal describes the LOG's
the 3-page maximum):	role in the development effort.
,	
An organizational chart of the	The proposal logically
LOG;	demonstrates the LOG's ability to
Proof of Non-Profit Status for	manage the development effort.
non-governmental entities (if	
applicable).	The proposal includes an
, ,	organizational chart that clearly
	shows all participants in the LOG
	and their relationships.

The local organizing group applying for the grant.

C. IDENTIFICATION OF THE LOG (Continued)	
3 Page Maximum	
REQUIREMENTS	EVALUATION CRITERIA
 A letter⁶ of support of commitment from the county BOS as previously described in the 'LTCI Development Grant—Applications" section. The letter must be a clear statement supporting full continuum of LTCI and the activities to be undertaken with the grant funds that may be awarded. Governmental entities must include the commitment to the 20% match requirement if the grant is awarded. (Letters of support will be accepted up to the date of the Award Announcements); Job description and/or duty statement (not personal resumes) specific to the roles of the Project Director and the Project Manager during the development stage of the LTCI project. 	The proposal describes an organizational structure that supports the administration of the grant and oversight of the system. The proposal includes the required letters of support and duty statements. The duty statements/job descriptions are descriptive of the particular roles that will be filled to develop LTCI.

⁶ Once a grant is awarded, county government entities are required to secure specific authority from their local governing body (e.g., BOS) authorizing execution of the grant agreement. A copy of a resolution (or other admissible record, e.g., motion, order, etc.) from the local governing body, which by law has authority to enter into the proposed contract authorizing execution of the agreement, must be included with the agreement. The resolution shall indicate that the local governing body, in entering into this agreement, commits to the accepted scope of work outlined in the grant agreement.

D. PROBLEM STATEMENT & PROPOSED SOLUTIONS	
6 Page Maximum	30 Points
REQUIREMENTS	EVALUATION CRITERIA
Identify and describe the local entities currently managing the delivery of services to be integrated into the pilot project.	The proposal adequately describes the local entities involved in current and future service delivery.
 Describe the current system for delivering services; Identify the barriers, problems and service gaps in the existing system (consider this the problem statement); Identify overlap and duplication of services. 	The proposal adequately describes how each problem, service gap, and barrier(s) was identified. The proposal realistically identifies overlap and duplication of services.

E. IMPLEMENTATION PLAN AND	TIMELINE FOR PHASES
6 Page Maximum	25 Points
REQUIREMENTS	EVALUATION CRITERIA
Provide a proposed LTCI project	The proposal includes a timeline
implementation work plan and	with milestones as it applies to
timeline for implementing or	phasing in the LTCI project (e.g.,
phasing in the LTCI project.	the target population, delivery
	system, scope of services and
The implementation work plan	infrastructure development).
must describe each proposed	
phase and demonstrate how the	The implementation work plan
phase will lead to full continuum	lists and describes the provider
at-risk LTCI.	agencies that will be serving
	eligible consumers under the
The implementation plan must	LTCI project.
demonstrate the participation of	
agencies that will be serving	
eligibles under the proposed LTCI	
project.	
Discuss the feasibility	
Discuss the feasibility (challenges) of the proposed LTCI	
project.	
hioleer	

For each phase of LTCI, fully describe the variations from the prior phase.

F. IDENTIFICATION OF THE AGE	
4 Page Maximum (for each phase	,
REQUIREMENTS	EVALUATION CRITERIA
To the extent known, name and describe the planned local agency to administer the LTCIPP. Include the following: • The local Agency's organizational structure; • The qualifications and expertise of the staff of the local Agency; • The relationship of the Agency with relevant local agencies and advisory committees, the BOS, and the County (or governance structure); • Provide a description of how the LTCI program will be	The planned staff composition reflects a broad expertise in the areas of health care, fiscal and administration to accomplish key activities of the program. Local agency reporting relationships are logical and clearly stated. As currently envisioned, the proposal describes the manner in which contracts with service providers will be administered. The proposal describes an
administered so as to facilitate integration of services.	organizational structure that will support the ability to administer the proposed project for each phase.
Include (does not count toward the 4-page maximum): • An organizational chart of the Agency.	

For each phase of LTCI, fully describe the variations from the prior phase.

structure and describe any variations that will occur between each phase. Describe: • The entity(ies) that will comprise the governance structure; • The role of the governance	and Points EVALUATION CRITERIA The proposal describes the participating entity(ies) that will omprise the governance ructure. The proposal demonstrates that
Identify the proposed governance structure and describe any variations that will occur between each phase. Describe: • The entity(ies) that will comprise the governance structure; • The role of the governance	ne proposal describes the articipating entity(ies) that will imprise the governance ructure.
structure and describe any variations that will occur between each phase. Describe: • The entity(ies) that will comprise the governance structure; • The role of the governance	articipating entity(ies) that will omprise the governance ructure. The proposal demonstrates that
operation of LTCIPP; How the governance structure will relate to the LOG; the Agency, relevant local agencies and advisory committees, the BOS, etc.; The planned administrative structures and functions of the governance structure as it will relate to LTCIPP; The staff composition of the	emposition of the governance ructure will be adequate to apport each phase and simately full-continuum LTCI. The proposal describes the lationship of the governance ructure to the local LTCI perating agency, the LOG, other articipating agencies, etc. The proposal describes how the evernance structure will function or administration of LTCI.

Continued on next page

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⁷ Has responsibility for how the LTCIPP will function, i.e., the power of the government.

2001-02 grantees may opt to refer the evaluator to the 2001-02 grant application for this section and provide appropriate updates.

H. CONSUMER AND PROVIDER INVOLVEMENT	
2 Page Maximum	20 Points
REQUIREMENTS	EVALUATION CRITERIA
Identify members of an active advisory or planning committee that will participate in the development period. Be specific.	The proposal describes an active advisory/planning committee that includes members from all of the following groups:
Describe how the committee will be involved in the development and decision process.	Long term care consumers;Advocacy groups for consumers;
Describe the relationship of the active advisory or planning committee with the LOG, BOS and other relevant agencies.	 Representatives of employees who deliver direct long term care services; Representatives of providers of long term care services; Representatives from the medical provider community (e.g., physicians, hospitals, health plans, etc.).
	The proposal describes how the committee will be involved in LTCI development and the overall decision-making process.

For each phase of LTCI, fully describe any variations from the prior phase.

system for the community
ınd criteria.
15 Points
EVALUATION CRITERIA
The proposal describes the organization of the envisioned delivery system which includes: A comparison between the current and new systems and how the new system changes from the current system; What existing networks will be used or what new networks will be created; If specific networks will be created for certain subpopulations; A description of how services between network and nonnetwork providers will be coordinated; Who will approve/authorize services; Who will pay for the direct services; From whom and how direct care providers will be
T

I. LONG TERM CARE SYSTEM (Continued)	
(1) Service Delivery (Continued)	
REQUIREMENTS	EVALUATION CRITERIA
Conceptually, identify coordination with health care providers who will provide services not part of the pilot project. Refer to W&I Code Section 14139.3(b)(3)(L).	The proposal includes;

I. LONG TERM CARE SYSTEM (Continued)	
(1) Service Delivery (Continued)	
REQUIREMENTS	EVALUATION CRITERIA
	The proposal discusses how providers who serve the needs of special populations, such as religious and cultural groups or residents of multilevel facilities and community care retirement communities, will be able to continue to serve those persons. The proposal describes the plan to assure minimal disruption to current recipients of long term care services during the phases
	of implementation. The proposal describes how the pilot project will coordinate, relate to, or integrate with Medi-Cal managed care plans, local managed care plans, and other organizations which provide services not part of the pilot project.

I. LONG TERM CARE SYSTEM (Continued)	
(2) Consumer Access To Services 15 Point	
REQUIREMENTS	EVALUATION CRITERIA
To the extent possible, identify how the envisioned LTCIP plan will address consumer services. • Describe the planned assessment/referral system.	The proposal describes the envisioned process for eliminating repeated assessments when a client needs additional services or need to transition to another care setting.
Identify the proposed assessment process and screening criteria.	The proposal discusses if any screening criteria will be used prior to a full-scale assessment or if there are levels of assessments.
Describe how consumers will access needed services.	The proposal describes how the envisioned delivery system will
Indicate how/when consumers will have the ability to make choices.	address:The need for consumer choice;The proposed plan to respond
Identify the benefits of the new service delivery model from the consumers' perspective.	to consumer needs on a 24-hour seven-day-a-week basis; The care plan development for cognitively impaired
Identify how consumer needs and preferences will be met.	 consumers; Reasonable assurance that services provided will be responsive to the religious, cultural, and language needs of beneficiaries; Offer a service delivery model that is going to be attractive to consumers.

I. LONG TERM CARE SYSTEM (Continued)	
(3) Care Management	15 Points
REQUIREMENTS	EVALUATION CRITERIA
Define the envisioned care management plan. Conceptually, describe how care management will function in the proposed integrated system. The description should include: • Where in the system will care management be provided; • If there will a single/multiple care management agencies; • What entity will be responsible for oversight of care management; • How the proposed care management structure will: • Eliminate duplication of care management responsibilities; • Promote continuity across primary, acute and long term care; • Assist clients in accessing services and assure that the approved services that are provided meet the clients' current care needs; • Assist clients to transition from one level of care to another. Identify the benefits of the proposed care management plan to the consumer.	The proposal describes the envisioned care management plan that reasonable identifies: How care management will be provided; How and by whom will care management oversight be provided; How the care management system will: Eliminate duplication; Eliminate cost shifting; Promote continuity across different types of services and levels of care; Promote access to services; Assure that clients' needs are met. The proposal describes the role of the care manager; The control over service authorization; The actual services which will be managed.
Describe what control the care manager will have over services and with services will be managed.	

I. LONG TERM CARE SYSTEM (Continued)	
(4) Quality Assurance and Accountability 15 Poin	
REQUIREMENTS	EVALUATION CRITERIA
Considering that quality assurance and accountability practices for the proposed project may not be concrete at this point	The proposal provides a generalized idea of how the LTCI plan will approach quality assurance and accountability.
in time, conceptually respond to the following: Identify how the LTCI plan will be addressing quality assurance and accountability.	The proposal describes the entity within the organizational structure that will oversee quality assurance.
Identify who will oversee the quality assurance and accountability plan. How will they be held accountable for quality assurance outcomes?	 The proposal describes a proposed quality assurance plan that: Provides a description of reasonable responsibilities of service providers regarding quality assurance;
Describe how quality assurance will be addressed through the proposed service delivery system. Describe adequate, realistic and effective methods to monitor and improve program effectiveness.	 Describes the plan to monitor the quality of care provided to consumers: The plan discusses who has the responsibility for overseeing all aspects of quality of care; The plan describes an entity
Describe the responsibilities of service providers regarding quality assurance. Describe how quality care provided to consumers will be monitored.	that will logically and reasonably be accountable for beneficiary outcomes; The plan is described adequately to permit OLTC evaluation; The quality assurance measures will monitor and improve project effectiveness.

For each phase of LTCI, fully describe any variations from the prior phase. All applicants must respond to this section. Previous development grantees may opt to refer the evaluator to the 2001-02 grant application and identify any changes that may have occurred.

J. SCOPE OF SERVICES

Provide a description of the covered scope of services and programs to be integrated at the local level.

5 Page maximum (for each phase) 20 Points REQUIREMENTS EVALUATION CRITERIA

Define the envisioned scope of services to be covered. Use the format in Attachment C to define the scope of services.

W&I Code §14139.36 required a number of program funds to be consolidated. Note that, per 14136.36 included among them are primary, ancillary, and acute care. The services listed must include those that are covered by the program funds to be consolidated⁸.

If applicable, provide a description of the scope of the specific services to be provided to the non-Medi-Cal eligible population consistent with those services that would have been available in the absence of consolidation (W&I Code 14139.42).

The proposal lists and defines each type of service as it is currently envisioned.

- The proposal indicates new services to be included in the project;
- The definitions of service include any limitations to service utilization or authorization.

The mix of services fully covers those for which funding is to be included to a full continuum.

The proposal clearly describes the matching funding source that will be transferred into the consolidated fund.

The proposal logically explains how integration of the funding sources will take place.

The proposal describes the specific services to be provided to the non-Medi-Cal eligible population.

Continued on next page

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⁸ Services previously provided by existing programs must be included in the proposed scope of services.

For each phase of LTCI, fully describe any variations from the prior phase. All applicants must respond to this section. Previous development grantees may opt to refer the evaluator to the 2001-02 grant application and identify any changes that may have occurred.

K. DESCRIPTION OF THE TARGET POPULATION AND GEOGRAPHIC AREA	
10 Page Maximum (for each Phase) 30 Points Total
(1) Population to be Covered	10 Points
REQUIREMENTS	EVALUATION CRITERIA
Define the population to be covered. The definition must include the	The proposal includes a definition of the population to be covered as defined in W&I Code §14139.419.
 following elements: Define the population to be served consistent with the W&I Code §14139.41; Estimate the size and needs of the target population; Indicate if inclusion in the plan will be mandatory or voluntary in each phase; 	The proposal reasonably describes the special needs and characteristics of the target population. The proposal indicates, for each phase, whether participation in the LTCI plan will be mandatory or voluntary.
 Specify whether "adult" will be determined by age 18 or 21; Include the premise for selected age factor; For each phase, identify any sub-population (covered by the definition in 14139.41) not included, other than individuals under the age of 18 or 21; Explain the reason for those exclusions; Describe how and when the pilot will eventually cover the excluded sup-population. 	 The proposal reasonably explains: Why any sub-population(s) are excluded; Logical reasons for exclusion; What will determine their eventual inclusion; When they will be included (phase). The proposal includes: An estimate of the size and needs of the targeted population; The age determination of "adult" and the premise for this selection.

Continued on next page

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⁹ Consistent with W&I code 14139.43, it is understood that some counties will choose to serve a broader population.

For each phase of LTCI, fully describe any variations from the prior phase. All applicants must respond to this section. Previous development grantees may opt to refer the evaluator to the 2001-02 grant application and identify any changes that may have occurred.

K. DESCRIPTION OF THE TARGET POPULATION AND GEOGRAPHIC AREA (Continued)	
(2) Non-Medi-Cal Population to be Covered 10 Points	
REQUIREMENTS	EVALUATION CRITERIA
Define any non-Medi-Cal population to be covered.	The proposal defines the non- Medi-Cal population to be covered and includes:
W&I Code §14139.42 requires that sites also serve non-Medi-Cal eligible individuals who, but for the implementation of the pilot project, would have received services from programs whose funds are included in the consolidated long-term care services fund.	A list of any program(s) to be consolidated that would require covering a non-Medical eligible population.

K. DESCRIPTION OF THE TARGET POPULATION AND GEOGRAPHIC AREA (continued)	
(3) Geographic Area to be Covered 10 Points	
REQUIREMENTS	EVALUATION CRITERIA
For each phase, define the geographic area to be covered. • Must be consistent with W & I Code §14139.3(a). • Single county • Multi county (contiguous) • Subcounty unit	The geographic area of the pilot project site is appropriately defined and complies with 14139.3. Zip codes are listed that are included in the pilot project, within
Identify Zip codes to be included.	the specified geographic area.

For each phase of LTCI, fully describe any variations from the prior phase. All applicants must respond to this section. Previous development grantees may opt to refer the evaluator to the 2001-02 grant application and identify any changes that may have occurred.

L. PLAN FOR INTEGRATION OF 6 Page Maximum (for each phase)	
Funds to be Included in the Consolidated Fund	
REQUIREMENTS	EVALUATION CRITERIA
Conceptually, define funds for services and program to be included in the LTC consolidated fund. (W&I Code §14139.32 identifies all of the program funds that must be included.)	The proposal lists funds for each program and Medi-Cal service that are currently envisioned to be included. The proposal describes how the
Based on W&I Code §14139.36(b), specify whether or not Medicare funding will be included in each phase.	mix of funding sources supports coverage of the full continuum of medical, social and supportive services. All sources of funds are included.
 Contract requirements: (to the degree possible): Include all sources of funds to be consolidated into the integrated fund; 	In selection sites for LTCIP, consideration will be given to those seeking to consolidate the most comprehensive mix of program and services.
Describe how the mix of funding sources supports coverage of the full continuum of medical, social, and supportive services;	The proposal explains why any particular services that are not included are proposed for "carve out" and when they will be added.
 Explain why a particular program or service is proposed for "carve out" and what phase hey will be added; 	The proposal indicates how coordination will occur in the meantime.
 Explain how funding coordination will occur until the program/service is added; 	The proposal describes how the funds for persons not eligible for Medi-cal benefits will be kept separate from the capitated Medi-Cal funds.

L. PLAN FOR INTEGRATION OF FUNDING (Continued)	
Funds to be Includes in the Consolidated Fund (Continued)	
REQUIREMENTS	EVALUATION CRITERIA
 Explain the proposed methods of coordination with programs that will not be consolidated; Explain how funding coordination will occur until the program/service is added; Explain the proposed methods of coordination with programs that will not be consolidated. 	The proposal describes methods of coordination with programs that will not be consolidated (i.e., Older Americans' Act, Caregiver Resource Center, etc.). The proposal demonstrates assurance that medical, social and supportive service providers will have sufficient means and
Provide a description of the anticipated mechanism to segregate the funds for persons not eligible for Medi-Cal benefits from the capitated Medi-Cal funds and to assure that no funds derived from the capitated Medi-Cal rate are used for persons who are not eligible for Medi-Cal.	incentive to communicate and coordinate care effectively. The proposal describes the process to keep fund derived from the capitated Medi-Cal rate from being used for persons who are not eligible for Medi-Cal.

M. OVERVIEW OF THE GOALS & OBJECTIVES	
3 Page Maximum REQUIREMENTS	30 Points EVALUATION CRITERIA
Provide a concise overview (narrative) of what the LOG expects to achieve relative to LTCI development.	The proposal describes goals and objectives that are consistent with LTCI and advance the future implementation of a full continuum LTCI pilot project in that
The goals and objectives identified should not be limited	community.
to the Scope of Work specified	The response demonstrates a
for the grant activity, but encompass the broader development effort.	logical progression form previous grant activities to the current proposed goals and describes
	how they will lead to the full continuum LTCI.

Examples of Goals and Objectives

Following are some **examples** of goals and objectives a LOG would undertake and complete:

- A comprehensive and detailed description of the covered scope of services and programs to be integrated;
- A comprehensive description of the proposed long term care delivery system and how it will improve system efficiency and enhance service quality;
- A complete description of how the integrated delivery system will be organized;
- An operational definition of care management, including a description of the assessment process, authorization and arrangement for purchase of services, service coordination activities and follow up;
- A description of how the LTCI pilot project will effectively direct and be held accountable for the quality of care provided to consumers;
- A description of the process for educating consumers to maximize their independence;
- A description of the consumer grievance process and how it will be maintained;
- Proposed measurable performance outcomes that the program is designed to achieve;
- Establishment of a consolidated long-term care services fund that will accommodate state and federal fiscal and auditing requirements;
- Provision in the LTCI plan for comprehensive quality assurance and accountability practices;
- Delineation of how the pooled funds will be used to deliver services to all eligible recipients in the geographic area covered by the pilot project site;
- A comprehensive description of how the pilot project will be administered with regard to contract administration, enrollment process and data reporting;
- A description of what monitoring mechanisms will be in place to maintain adequate fiscal control;
- Demonstration of the financial viability of the plan;
- Development of a detailed Administrative Action Plan to implement LTCIPP;
- Approval of the administrative action plan by the governing entity.

N. GRANT GOALS & OBJECTIVES	
No Page Limit	30 Points
REQUIREMENTS	EVALUATION CRITERIA
List the specific goals and objectives to be achieved by the LOG relative to LTCI development during the grant period.	The proposal describes goals and objectives that are consistent with LTCI and advance the future implementation of a full continuum LTCI pilot project in that
Use Exhibit B, Grant Goals & Objectives for the required	community.
format.	The goals and objectives are supported by the key activities as described in Element O, Scope of Work.

O. SCOPE OF WORK	
No Page Limit	30 Points
REQUIREMENTS	EVALUATION CRITERIA
List the specific goals and	The scope of work clearly
objectives to be achieved through	describes key activities of the
this grant. (Complete Exhibit BB,	specific goals and objectives to be
Scope of Work, for each goal).	achieved during the development grant period.
List and describe key activities	
that the LOG will undertake for	The key activities lead to an
each objective and how they will	achievable and realistic proposed
be sequenced to accomplish each	scope of work to implement the
of its goals and objectives.	full continuum LTCI pilot project.
Detail expected measurable	The proposal contains a
outcomes/products for each of the	description of proposed
activities.	measurable performance
	outcomes/products that the LOG
	is designed to achieve.

P. OVERVIEW OF EXPECTED ACHIEVEMENTS (TIMELINE)	
No Page Limit	Pass/Fail
REQUIREMENTS	EVALUATION CRITERIA
Develop a timeline that represents the key activities described in the Scope of Work (previous element).	The timeline depicts a viable timeframe to complete the key activities that will lead to achieving the goals and objectives of the development
All activities must be completed in the grant period – (July 1, 2002 through June 30, 2003).	grant.
Include the required progress and final reports as described in the Reporting Requirements Section.	

The "Overview of Expected Achievement" will become a part of the grant agreement. The State reserves the right to negotiate with the successful applicant any timeframe modification deemed necessary by the state to best achieve the program goals.

Budget

As a required component of the grant application, applicants must complete a budget narrative, 9-line item budget and description of the 20% match requirement.

BUDGET NARRATIVE 2 Page Maximum	Pass/Fail
REQUIREMENTS	EVALUATION CRITERIA
NARRATIVE:	
Explain how the proposed budget will be used to achieve the stated Scope of Work.	Response must describe a logical plan for expending grant funds plus the required match. The narrative must enable reviewers to link the proposed budget to the described Scope of Work.

9-LINE ITEM BUDGET: All applicants must submit a 9-line The budget must be realistic and item budget that includes all costs cost-effective. DHS will review associated with the successful the proposed budget to determine completion of the proposed scope its appropriateness to the proposed Overview of Expected of work. Achievements (timeline) and the Out-of-state travel will not be LTCI project. authorized. **Expenses for food are** prohibited unless due to travel.

Budget guidelines are included in Exhibit C. The sample budget shows the format in which costs associated with the program must be identified. Not all prospective grantees will use all line items.

Grantees are required to provide invoices for any and all items and/or services listed in their approved budget. In addition, grantees are required to complete a monthly expenditure report of all expenditures for each month for the duration of the grant period. The monthly

Budget, Continued

Expenditure reports will be submitted to DHS as part of each progress report (i.e., the monthly expenditure reports completed in the first half of the grant period will be submitted with the first progress report and the remaining expenditures reports will be submitted with the final report. Refer to the section on Reporting requirements).

The 9-line item budget and narrative will become a part of the grant award document. The State reserves the right to negotiate with the successful applicant any redistribution of costs within the budget deemed necessary for the state to best achieve the program goals.

Description of 20% Match Requirement

As a condition of receiving grant funds, grantees will be required to provide a 20% (\$30,000) match to the grant awarded either in cash or in-kind contributions. The proposed match must be available and utilized during the grant period for which it was committed. Failure to meet this requirement may result in a reduction or withholding of grant payments until the match requirement is met.

The application must include a description of how the applicant will meet the 20% matching requirement. Grantees who dedicate existing staff resources to meet this match may only do so to the extent that these staff costs are not already covered by federal matching funds through Medi-Cal County Administration or Medi-Cal Administrative Activities or any other federal or state funding.

Items, which may be considered as acceptable in-kind services include:

- Rent:
- Equipment
- Donations of funds or supplies from private sources; and/or
- Private foundation grants of funds.

Specifically excluded is the use of volunteer staff.

Reporting Requirements

The grantee will be required to submit one progress report half way through the grant period and final report at the end of the grant period.

Both reports shall include a budget narrative and 9-line item budget of expenditures to date (including the monthly expenditure reports and invoices) documenting that the grant conditions have been met. The first progress report is due halfway through the grant period.

The final report, due at the end of the development grant period, shall include an executive summary and a comprehensive description of what has been accomplished to date and what the LOG plans as the next steps for LTIC implementation.

Payment Provisions

The total approved budget amount for the development grant is \$150,000.

In consideration of services provided by the Grantees as described in the Scope of Work, if there is evidence that grant conditions have been fully and satisfactorily performed in a manner acceptable to the State, the State shall reimburse the Grantee in arrears for actual allowable costs incurred in the performance of the grant activities up to the \$150,000 award. Payments will be authorized upon receipt of quarterly invoices from the Grantee. All costs billed must be in accordance with the approved 9-line item budget.

RFA Evaluation Process

Application Evaluation

All applications meeting the format requirements will be submitted to an evaluation committee to be evaluated and scored. The OLTC reserves the right to request clarifications from the applicants regarding their applications to the extent deemed necessary. Status reports from prior grants may be considered in determining intent and commitment to meeting development grant requirements. The OLTC may, at its sole discretion, waive any immaterial deviation in any application. This waiver will not excuse an applicant from full compliance with the grant terms if a grant is awarded.

Members of the review committee, who will independently assign a numeric score for each category described in the Technical Proposal Section, will evaluate all applications submitted in response to this RFA. Review committee scores will be averaged to arrive at the overall score for the Technical Proposal Section.

Grantees will be selected based on the following:

- All pass/fail elements have achieved a "pass";
- Meet as least a minimal threshold score of 70% of the available points or greater for each element and 70% of the total points;
- Prior reports show credible effort toward achieving full continuum LTCI;
- Highest Technical Proposal Scores will be funded first; and
- Available funding.

Grant award announcements will be made May 7, 2002. Applications requiring negotiations and/or clarifications may be awarded at a later date.

Note: Applicants are not eligible to receive both a planning grant and a development grant concurrently. All applicants are encouraged to apply for the appropriate grant, but may apply for both. Applicants choosing to apply for both must submit separate and complete applications for each RFA. If an applicant is awarded a grant from either the planning or development RFA, they will be disqualified from the other RFA process. The DHS reserves the right to determine, at its sole discretion, which grant will be awarded to the applicant.

Grant Awards

Contingent on funding, the Chief of the OLTC will make the final award decision, after consideration of the comments and recommendations of the technical review panelists and availability of funds. Successful applicants will receive written notification of the final award decision in May 2002.

Appeal Process

Only LOGs, as defined by this RFA, that submitted an application which is reviewed and not funded may appeal. There is not appeal process for applications that are submitted late, incomplete, or do not meet the format requirements. Grounds for appeal shall be limited to assertions that DHS failed to correctly apply the standards for reviewing and evaluating applications as specified in this RFA.

The applicant must file:

- A full and complete written appeal;
- A list of the issue(s) in dispute, the legal authority or other basis for the protester's position; and
- The remedy sought.

Appeals must be received by 4:00 p.m. fifteen (15) calendar days from the date of the grant award decision by the Chief, OLTC, DHS. Faxes and E-mail are not acceptable.

Letters of appeal are to be mailed to:

Carol A. Freels, Acting Chief Office of Long Term Care Department of Health Services P.O. Box 942732 Sacramento, CA 94234-7320

At her sole discretion, the Chief of the OLTC may hold hearings with the appellants to discuss the appeals, or make a decision based on the written appeal or both. The decision of the Chief of the OLTC shall be the final administrative remedy.

Within ten (10) calendar days of receipt of the written appeal, appellants will be sent either:

- 1) A hearing and final written decision regarding the appeal; or
- 2) Final written decision regarding the written appeal.